

Health Pathways

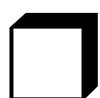
Newsletter of the Health Professions Career Opportunity Program

January 2000

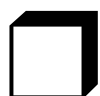
Volume 22, No. 10

Advanced Degrees: Your Face Here

In this issue...



Call for PA's



Back to the Basics



Minority Dentists



HCTP Insert



Happy New Year!

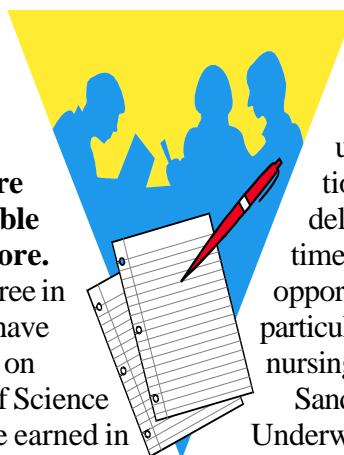
Earning a master's degree or doctorate degree may be closer to your grasp than you think.

By Janet Anderson

If you think an advanced degree in nursing is for you — that your expertise, your career, and the community you serve in would benefit from it — you may well be right. If you think such a challenge is beyond you, think again. Others have done it, and there are more options available today than ever before.

An advanced degree in nursing doesn't even have to concentrate strictly on nursing. A Masters of Science (MS) or a PhD can be earned in any field that will enable a nurse to perform his or her job more capably. An advanced degree might be in education, psychology, public or health policy, as well as nursing science or nursing theory.

Carla J. Serlin, director of the Ethnic Minority Fellowship Program of the American Nurses Association, explains that nursing education today is much broader than it was 30 years ago. In the 1960's and 70's, most of the degree programs in policy focused on government policy and its related research, which is a fairly recent field.



"My advanced degree isn't in nursing. It's in the sociology of medicine," explains Serlin, who received her PhD in 1980. "I was interested in minority health care behavior, health programming, health behavior, and improving the access of underserved populations to the health care delivery system. At that time, there wasn't an opportunity to pursue those particular interests within a nursing doctorate program."

Sandra Millon

Underwood, who received her PhD in education and social policy in 1986, says the diversity of advanced programs now available should encourage more nurses to pursue a doctorate. Underwood, an American Cancer Society Oncology Nursing Professor at the University of Wisconsin in Milwaukee and a Northwestern Mutual Life Research Scholar, applies her knowledge to a number of research projects about survivorship, cancer prevention, and cancer control among underserved populations. "I wanted to prepare myself more in the field of educational research," she says. "At that time, there were not as many doctorate

(See *Advanced* on page 4)

The Call for Physician Assistants

By Julie Eklund, Media Relations Associate, Western University of Health Sciences

The physician assistant (PA) profession is growing rapidly, and provides many opportunities for those interested in joining the health care team. The American Academy of Physician Assistants estimated that 34,000 PAs were in clinical practice as of January 1999, and the U.S. Bureau of Labor Statistics projects that between 1996 and 2006 the number of PA jobs will increase by 46.6 percent. According to the 1998-99 American Medical Association Health Professions Directory, 83 percent of PA graduates in the 1996-97 academic year were employed as a PA within six months of graduation.

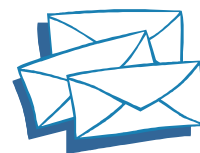
Physician assistants are health professionals licensed to practice medicine with a physician's supervision. They take medical histories, perform physical examinations, order and interpret lab tests, diagnose and treat illnesses, suture lacerations, assist in surgeries, and write prescriptions in nearly all states. They perform diagnostic, therapeutic, preventive, and health maintenance services in any setting in which a physician renders care, in order to allow more effective and focused application of the physician's particular knowledge and skills.

With the growing popularity of the profession, educational programs for PAs are expanding across the nation. Two new PA programs have opened up in California since last May. They are offered at Samuel Merritt College and Riverside College. Three campuses have upgraded their programs to offer a master's level degree to students entering in the fall 2000 semester. They are Western University of Health Sciences (WesternU), Charles Drew University, and the University of Southern California.

WesternU in Southern California is one of the universities which is undergoing this change. What used to be a certificate program has been advanced to a Master's of Science in physician assistant studies, effective for the class entering in the fall of 2000. The master's path will take two years to complete, and includes new coursework to help students develop their research abilities and increase their understanding of health care delivery systems. There are 123 units required to graduate from the master's program, and curriculum changes have created a stronger emphasis on analytical and problem solving skills. Students spend much of their first year in a classroom setting, and complete clinical rotations and their master's project during their second year.

"WesternU wants to be a leader in providing physician assistants with a master's degree level of education," said Roy Guizado, PA-C, chair of the department of physician assistant education. "There's a definite trend in the field which is encouraging PAs to earn a master's degree, and we feel that obtaining that level of education will enhance the entry level preparation of our students."

(See **PA** on page 14)



Do you have a story or suggestions for *Health Pathways*? We welcome your contributions. Mail us your ideas, letters, or articles today!

Announcements of scheduled events need to be sent to us at least six months in advance to appear in the newsletter. Be sure to include your name and address on all correspondence. The Health Professions Career Opportunity Program retains the right to edit all materials. Contact us at:

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“Back To The Basics”

More than ever before, medical students, and anyone thinking about going to medical school, need to go “back to the basics” when considering how to pay for their medical education. Not only does the overall cost of attending medical school continue to rise, but in addition, approximately two thirds of all medical students need some kind of financial assistance or financial aid to help pay for school. The vast majority of that assistance comes in the form of student loans.

Educational debt for graduating medical students has climbed more than 40% in the past five years. The current mean debt for indebted graduates of the class of 1999 being \$90,745.00 for all medical schools, and \$77,334.00 and \$109,264.00 for indebted graduates of public and private medical schools respectively.

So, just what does “going back to the basics” really mean?

First:

Simple Communication

Keep in touch with the financial aid office at the medical school you are attending or planning to attend; they should always be your first point of contact on financial issues. They are a tremendous resource not only for financial aid programs which may be offered at their institutions, they should also have information on state, federal, and private loan programs as well. In addition, they can inform you about alternative ways to finance your medical education, such as the service scholarship programs offered through the Public Health Service and the military.

Speaking of communication, don’t forget to talk with your family about helping out financially with medical school. Should you be hesitant to ask them for outright gift assistance, or should they be hesitant to provide such, consider asking them to loan you money for medical school and agree to sign a promissory note for the loan.

Second:

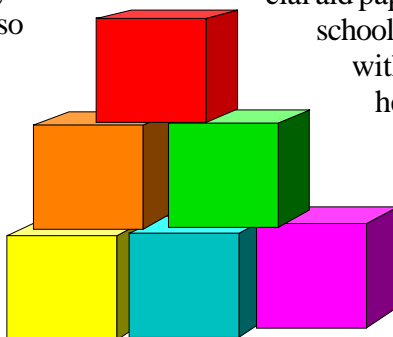
Learn How to Live On a Budget

One of the best ways to keep your borrowing down and stay away from private loans is to live on a budget. Once again, your financial aid officer can help. Remember, as a financial aid recipient, you will be given a financial aid budget that limits the amount of financial assistance you can receive each year, so the earlier you learn to live on a budget, the better.

Third:

Keep Good Records...

...and get all your financial papers in order, especially promissory notes from any premed loans, as well as copies of financial aid award letters from previously attended institutions. Keep all your financial aid papers in one place. Many medical school financial aid offices will provide you with notebooks or other resources to help you keep track of your loans. You might ask if your loan program offers debt management software to help you track your own portfolio. Finally, some loan programs allow you to keep track of your loans on their web site.



Fourth:

Request a Copy Of Your Credit Reports...

...as soon as possible, especially if you are planning to attend a relatively high cost school. As unfortunate as it may seem, many medical students borrow private, alternative loans for medical school to help supplement other financial aid they receive from their institution and from Federal loans and other sources. Your eligibility for these loans will be based, in part, on your credit history which will indicate how well you have managed any previous consumer debts you may have, including student loans.

(See *Basics* on page 14)

(*Advanced*, from page 1)

programs in nursing. Now, there are many more doctorate programs established within nursing itself, so that nurses who are interested in advanced degrees might pursue an educational curriculum with a PhD in nursing."

No Pain, No Gain

The professional gains from an advanced degree are as varied as the degrees themselves, and depend on the goals of the individual nurse. Kem Louie, professor and chairperson of the department of graduate nursing at the College of Mount Saint Vincent in Riverdale, NY, says, "When I graduated from my BSN program, I didn't think I needed any further training to do my job. But, once I'd worked in the clinical area for about a year, I realized I had other aims in nursing; to teach and to be a clinical specialist. As a clinical specialist, I needed more in-depth knowledge and skills."

Serlin describes the specialized knowledge her degree provides for her: "I learned about program development and health care delivery systems, and I traced the relationship between poverty, health, and minority health care behaviors. That background means I don't have many problems with the current changes in the health care delivery system, and it makes me very marketable today, both within nursing and in health fields in general. I had no idea which way the system was going," she adds. "I simply knew what I was interested in."

Many nurses feel the advanced degree allows them to effectively enrich the field of knowledge in nursing, not only by expanding their

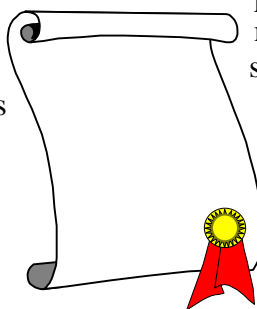
own knowledge, but also by imparting their wisdom to others. "The most significant reward for me," says Underwood, "is the fact that I am able to contribute more to the profession through a scholarship. I not only engage more effectively in teaching nursing students about oncology nursing

practice, but I am much more involved in research. I now have the skills that allow me to design an innovative oncology curriculum for the educators and their clinicians, and to make a major contribution to the profession, to the

science, and to the literature."

Of the obstacles in pursuing an advanced degree, the most obvious may be financial. The cost of earning a master's or a doctorate degree is often seen as prohibitive, either directly because of tuition expenses or indirectly, given the loss of income while a student is enrolled. Nurses who have pursued an advanced degree, however, encourage others to seek out available financial assistance.

"I received a scholarship to continue my education for the last two years that I was at Northwestern," says Underwood, "but, securing financial support was a real challenge. In this day and age, however, there is much more support available for students who are pursuing advanced degrees in nursing, especially advanced degrees in oncology nursing. Seek out multiple sources for support and funding. Too many nurses don't realize how much support is available through the National Institute for Nursing Research the National Cancer Institute and the American Cancer Society."



Serlin suggests the Internet as a way to locate funding sources: "Get on the computer and find yourself some scholarships. There's money out there; you just have to go shopping for it." Individual universities usually maintain lists of scholarships and grants as well, generally at each facility's graduate office of nursing. A frequently listed source is either state or federal government agencies. "They're usually based on both scholarship and need," explains Louie. "There is also money from the state and federal government, called Primary Health Care Scholarships, which are available for part-time practice nursing. The trade-off is that you have to work in an area where there are populations that are underserved."

Louie points out that some hospitals will also pay their nurse employees to earn an advanced degree. "But some of the institutions have a limit to how much they will pay for tuition—\$2,000 to \$3,000—and some of them will not pay if you get a C (grade average). With others, if you accept the tuition reimbursement, you have to stay at the institution an extra year. So, it's very important to look carefully at these tuition reimbursement benefits that are being offered by hospitals."



The Juggling Act

The part-time track may seem like an ideal way to simultaneously further one's career and continue in financial independence. According to Serlin, working while earning an advanced degree is very challenging, but not impossible. "I worked part time during my doctorate program," she says. "I taught nursing at a community



college. I worked for the State of Colorado as a director of the displaced homemaker program. I did all sorts of interesting things. But, I managed to carry a full-time load, and I managed to graduate in about three and a half years. I was just very busy.”

For Underwood, who worked full time while studying part time, there was the problem of juggling her teaching schedule, her study schedule, and a long commute. “I lived in the suburbs of Chicago, worked on the south side of Chicago, and studied on the north side of Chicago. But, it was worth every mile,” she says. “If I had to do it over again, I’d do it without hesitation.” And, of course it’s essential, as Louie points out, that one’s workplace be understanding of the situation and willing to allow a flexible schedule.

Even if an advanced degree candidate is fortunate enough to be able to study full time, there may still be family responsibilities which require at least as much flexibility as a full-time job. Serlin and Underwood were both pregnant during part of their degree programs. “I was pregnant during my master’s program,” says Serlin. “I stayed at home for the summer and dragged [my son] back to school with me in the fall. Before he was walking, I was back in school, doing my doctorate. My daughter,

who was four years older, was in kindergarten. Small children take a lot of time and energy, but they go to bed at 7:30 or 8:00 at night, which gives you the rest of the evening to pursue your studies quietly.”

The importance of family cannot be overstated, says Louie. “First and foremost, my family was in support of my doing this,” she says, “I don’t think I would have been able to complete my program of study without their support.” “Going to graduate school does change your family, and you need to have a support system and explain to your family what to expect,” adds Serlin.

Those Who Know

Many of these challenges can be avoided or minimized by talking with other nurses who have already walked the advanced degree path. They can act as mentors, imparting information to the new student. A mentor should ideally be in the same field as the student in order to facilitate the student’s plan of study and enhance his or her pursuit of the degree. “I think it was very important that I knew other people who had attended the program, so I could find out specifically what kind of requirements there were, what type of paperwork to gather, and how to phrase the admissions essay so that I was

accepted to the program,” says Louie.

Underwood also notes the assistance that a mentor can provide in enabling the student to construct a plan of study. “It’s important to have a plan in mind,” says Underwood, “of what you would like to accomplish and how you would like to contribute to the profession...[you should] carefully select a program that allows you to develop so that you will be able to accomplish those goals.”

“Not doing this can cost a student time and money,” explains Serlin. Many people come into a doctorate program knowing they want the degree, but not knowing what they want to study, and it takes them at least two years longer to complete the program, she notes. “If you come into the program with some idea of the area you want to study, you can guide your program so that you are doing a lot of your reading, your research, and your theory courses around that topic. That way, you are developing expertise as you go through the program. When you get to the dissertation, a lot of that background reading and development is already done.”

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CORRECTION!!

Please note two corrections to the 2000 Postbaccalaureate/Summer Enrichment issue. The UC, San Francisco description (pg. 4) is a Postbaccalureate **REAPPLICANT PROGRAM** requiring a **2.93 GPA**, and the Stanford School of Medicine program (pg. 3) is a **SUMMER ENRICHMENT PROGRAM**, not Postbaccalaureate.



Real World Pursuits

A Practical Guide to getting that Internship

By Rachel Barron

After the perpetual stress of academia and the glory of graduation, students must prepare to be hurled at unprecedented speeds toward what is commonly known as the “real world.” Outside the realm of academia, a new life of practical knowledge, hinged on an area of expertise, demands levels of professionalism that are often new and overwhelming to recent graduates. Before this moment reaches your reality and panic strikes your soul, listen to this! Internships, an integral part of your education, can help to give you the confidence and experience to succeed in life outside of college.

Internships, along with your own dedicated talents, are synonymous with creating opportunities. “Most science-related internships include a research component,” states Dr. Herbert A. Medina, an Assistant Professor of Mathematics at Loyola Marymount University, “where students can apply what they have learned in the classroom in conjunction with current projects in their field of interest.”

Internships can lead to serious networking as well as future recommendations on your behalf. Dr. Medina notes the importance of internships when applying to graduate school or a job later on. The integration of your formal education with practical experience not only enhances your skills, but speaks of a serious commitment to professional development. At the same time, another accomplishment is added to your resume.

To find an internship that is best suited for you, first consider the following:

- What is my purpose in seeking an internship?
- In what part of the country/world do I wish to live?
- What is my general area of interest?
- Do I need to get paid for my internship or receive college credits?

Once you have an idea of the kind of internship you want, it is time to identify prospective employers. Your school’s career center is a good place to start. The increasingly popular Web offers a multitude of on-line career centers, but be warned—some will require both a registration and a user’s fee.

Other places to look are school department Web pages and private search engines. Review national laboratory websites for a page that’s devoted to undergraduate internships. Organization websites, such as *Society for Advancement of Chicanos and Native Americans in Science* (SACNAS) home page and others that specialize in the advancement of students in education, offer undergraduate internship links.

“Traditional methods still function as an important resource for finding internships,” reminds Dr. Medina. He further explains that to find out about opportunities, “students can look at bulletin boards, talk to professors, and talk to students who have done internships in the past.”

A stellar resume is an essential tool for being considered for an internship. Yours must be neat and succinct. Don’t underestimate the importance of a flawless resume—often this piece of paper functions as the winning tool to get your foot in the door. Reference one of the many handbooks available to help write a resume that will distinguish you from the crowd.

Contact possible employers early. Communication three to four months preceding your desired working dates is far from unheard of. Ask for information concerning internships and summer jobs, then, get ready to go after that internship.

Don’t treat an internship differently than getting a job. Persistence, not pushiness, is the keyword for the remaining pursuit of an internship.

Note that when seeking a position with a university or a large government agency research laboratory, these institutions do not always interview internship applicants. However, should an interview be requested, dress appropriately and come prepared. Do some research beforehand and familiarize yourself with the organization. By reviewing the organization’s literature or website, you can acquaint yourself with their line of thinking. This gives you an improved chance for an impressive interview, as it will enable you to direct your response better and ask insightful questions.

(See *Real World* on page 12)

New Pediatric Nursing Internship Program Offers Graduate Nurses an Invaluable Experience

By: Andrea Alvarez and
Deanna R. T. Chrisman

HCTP is continuing efforts to establish collaboratives that will provide increasing employment opportunities in the allied health care field. HCTP recently brought together the Regional Health Occupations Resource Center (RHORC) hosted by Mt. San Antonio College in partnership with Children's Hospital Los Angeles (CHLA) to develop and implement a six-month pediatric nursing internship program for the purpose of upgrading the skill level of new graduate nurses.

Twenty new graduate nurses were enrolled in the internship program. These new graduates are working side-by-side with an experienced nurse, receiving specialized clinical and classroom training, and participating in a structured mentorship program. In addition, CHLA has hired twenty recent Temporary Assistance for Needy Infants and Families (TANIF)/welfare recipients.

CHLA limited their hiring classification to RN's because of the high acuity levels of CHLA patients, rapid advances in medical technology, and an intense physical and emotional working environment. Although, a severe nursing



shortage has decreased the pool of experienced expert nurses possessing the advanced skills needed to be successful in such a high-decision making line of work, the collaborative was able to offer new graduates a program that provides up-to-date and practical experience. To address these areas the internship program is:

1. expanding the new graduates' knowledge and clinical skills in pediatric nursing
2. developing critical thinking and reasoning skills to enhance nursing judgement
3. furnishing an experienced mentor who provides technical and emotional support

HCTP and RHORC, along with other private and public organizations, continue to bridge the gap between health care needs and education. This, and up-

coming projects, are excellent opportunities for HCTP to apply its resources and capabilities to the educationally/economically disadvantaged.

CHLA ranks as the number four pediatric facility in the United States and has earned a well-deserved reputation as the "Best in the West" for pediatric care. A long term goal of this project is to use the results as a model for developing a Regional Pediatric Nursing Training Center offering specialized pediatric training to other health care facilities located west of the Rockies.

Currently, no such training center exists. However, Senator Richard Polanco recently made a visit to the site and was very impressed by the development of the internship program. With the Senator's encouragement, and future proposals, the collaborative project will be able to increase the number of hires from 20 to 240.

The CHLA proposal met the objectives of the Job Development Incentive Training Fund by increasing the technical skill level of graduate nurses, ensuring future employment of welfare recipients, and enjoying strong support from the business community. The bottom line of this proposal is to

(See *Internship* on page 8)

10 Good Habits for a Sound Financial Future

1. Limit your use of credit cards. Save them for emergencies. “Use credit cards only for convenience, never for credit.” (H. Jackson Brown Jr., *Life’s Little Instruction Book*, Rutledge Hill Press, 1991)
2. Cut up all but one of your credit cards. Keep the one with the lowest limit.
3. Get in the habit of saving, even if it’s only \$5 per month.
4. Budget your money just as carefully as you budget your time.
5. Keep accurate record of your finances. Your record keeping should include the amount of your accumulated debt, an estimate of your monthly payments, and the names and addresses of your lenders. You should also keep copies of all important financial documents.
6. Don’t overestimate the magnitude or probability of the financial windfalls you expect (hope) to receive. They may not go as far as you expect.
7. Be a well-informed borrower. Not all loans are alike. Research any loan programs you are interested in and borrow wisely.
8. Don’t live the lifestyle of a doctor until you’ve completed your training – get in the habit of being thrifty! If you live the life of a doctor while in school, you may have to live like a student when you’re a doctor.
9. Plan now for the financial future you want. Set yourself up for success. Every time you borrow money while in school, whether an educational loan or use of your credit card, you are influencing your financial future. You will have to repay that debt and, in doing so, you will diminish your future discretionary income. Ask yourself, “Do I really need this now?” before you buy now and pay later.
10. Borrow the minimum amount necessary to maximize the return on your educational investment. Your goal should be to maximize the net return on every investment you make during your life.

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Patient Expectations Of Health Care Providers

Studies show that a patient’s choice of a health care provider is influenced by their expectations of the medical practice. Decisions to stay with a physician or to choose a new one depends on the level of importance the patients place in the overall experience. The following list includes some of the common patient expectations. When preparing for a job in the allied health care field, keep these tips in mind to establish a good patient/ health care worker relationship:

- Health care provider explains things in an easy and understandable way.
- Able to reach health care provider easily in emergencies.
- Reasonable fees and/or Medi-cal/Medicaid.
- Staff pleasant and helpful.
- Health care provider takes care of most needs, coordinates care.
- Provides checkups, immunizations, preventative services.
- Office clean and attractive.
- Health care provider certified specialist in their field.
- Health care provider available without appointment necessary.
- Office is open weekends/evenings.
- Health care provider helps with personal or family problems.
- Health care provider speaks language of patients.
- Health care provider is culturally sensitive to patient needs.

(Internship, from page 7)

improve the quality of life for the major stakeholders.



Funding for the proposed pediatric nursing internship program will not only help to advance California’s growth and global competitiveness through education and training, but most importantly will ensure that patients continue to receive the very best of nursing care.

Furthermore, it will enable more welfare recipients to become employed.

For more information, please contact RHORC:

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As part of the Health Careers Training Project's attempt to provide you with information regarding allied health occupations, each issue will focus on at least one allied health profession, and will include specific information regarding: job duties, working conditions, employment trends, salaries, entrance requirements, and advancement opportunities.

Ward Clerks (Medical)

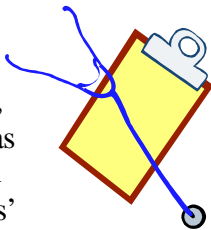
THE JOB

Ward Clerks perform receptionist and clerical duties in hospital nursing units. They set up records for new patients, transcribe physicians' orders from patient records, and copy information such as temperature, pulse rate, and blood pressure onto patients' medical records. They prepare requisition forms for laboratory tests, therapy, drugs, and supplies for their unit. They record patient diagnoses on the appropriate medical forms. Ward Clerks arrange for the transfer of patients within the unit or to other units. They also process patient discharge forms for the business office and may compile the daily census of patients. Personal computers or computerized hospital information systems are used in the performance of many record-keeping tasks.

Ward Clerks answer telephones and direct calls to medical staff and patients or relay messages as appropriate. They distribute mail, newspapers, and flowers to patients. They also greet visitors and direct them to patient rooms. In some facilities, they may also be required to perform minor medical assisting tasks similar to those of nursing assistants. They may also transport patients within or to other units of the hospital.

Ward Clerks may be referred to as Ward Secretaries, Floor Clerks, Unit Clerks, Unit Assistants or Unit Secretaries.

They are responsible to the head nurse or charge nurse of the unit. The head nurse or charge nurse has final responsibility for patient records.



Many Ward Clerks are now being cross-trained as Nursing Assistants. In these cases, the duties of these two occupations are

performed by one person when the number of patients in a unit is low. The skill levels and knowledge needed for these "blended" workers are significantly more than for traditional Ward Clerks.

WORKING CONDITIONS

Modern hospital and nursing home facilities are well-lighted, heated, ventilated, and maintained. Knowledge of hospital procedures and codes is required to respond to emergencies. Occasionally, Ward Clerks may have to endure unpredictable patient behavior. Although exposure to infection and communicable diseases may be a potential hazard, safety training can reduce these risks. The work requires strong physical stamina, the ability to follow orders, communicate effectively, and work well with other members of the unit team and hospital staff.

EMPLOYMENT OUTLOOK

The health services industry is projected to register some employment gains over the next

few years. Employment opportunities for Ward Clerks should increase as more people are able to pay for medical services or are covered by health insurance plans. Projected increases in the elderly population should also increase the demand for medical services and the need for additional Ward Clerks. An increase in the demand for Ward Clerks will result from the increased amount of record-keeping and paperwork mandated by state and federal regulations. However, workers leaving the occupation permanently for retirement or personal reasons will account for slightly more job openings than will industry growth.

WAGES, HOURS, AND FRINGE BENEFITS

Wages for this occupation vary with the size of the hospital, geographic area, and the level of skills required. A current state-wide salary survey for Ward Clerks does not exist. However, salary ranges for the larger group General Office Clerks, which includes Ward Clerks, show beginning wages anywhere from minimum wage to \$12.79 per hour. Experienced Clerks may earn from minimum wage to \$16.43 per hour, and



(See *Clerk* on page 10)

(*Clerk*, from page 9)

in a few settings, earnings may reach up to \$18.00 per hour. Full-time Ward Clerks usually work a five-day, forty-hour work week. They may be assigned to work weekends and evening shifts. Fringe benefits may include vacations, sick leave, group medical and dental insurance, disability, deferred compensation, and retirement plans. Some positions are part-time and require employees to be available to work any shift. Part-time clerks often do not receive fringe benefits.

ENTRANCE REQUIREMENTS AND TRAINING

Basic skills needed for this job are: Typing/keyboarding skills and knowledge of the Windows environment, knowledge of medical terminology, filing skills, customer service skills, basic grammar, spelling and arithmetic, and knowledge of the scheduling, registration, or admission process is helpful.

Many employers require previous hospital experience, preferably as a Ward Clerk. Some employers require previous experience as a Nursing Assistant or the ability to provide basic patient care. Some employers will accept applicants with no previous

hospital experience who have taken courses in medical terminology, and who have experience and interest in working with the public. Applicants may be tested for basic medical terminology and typing skills.

A high school diploma or its equivalent is required by most employers. High school courses helpful in preparing for this occupation include English, science, health, typing, computer training, and office practices. Many community colleges, Regional Occupational Programs (ROP), adult education programs, business and vocational schools offer computer training and classes in medical terminology.

ADVANCEMENT

Promotional opportunities for this position are limited. In large hospitals, a person with several years of experience plus administrative skills may advance to the position of hospital admitting clerk, medical records clerk, or nursing office secretary. Hospital job openings are usually circulated to all hospital staff.

FINDING THE JOB

Applicants should apply directly to local hospitals, outpatient clinics, and nursing homes. Additional information about job openings may be obtained from local California Employment Development Department Job Service offices, newspaper classified ads, federal,

State, and county personnel offices, and private employment agencies. Since many employers fill full-time vacancies for Ward Clerks with existing employees, persons seeking entry into this field may wish to accept part-time work because it may lead to full-time employment.

ADDITIONAL SOURCES OF INFORMATION

Allied Health Education Directory (Chicago);
Committee on Allied Health Education and Accreditation
150 Careers in the Health Care Field, (New Providence, NJ)
U.S. Directory Service
Introduction to Health Professions, (St. Louis) C.V. Mosby Co.

Source: State of California, Employment Development Department, Labor Market Information Division, Information Services Group, (916) 262-2162.



Minority Dentists: Why Do We Need Them?

By L. Jackson Brown, DDS, PhD, and Vickie Lazar, MA, MS

The current status of the minority dentist workforce is an important issue for the profession and the nation it serves. While some minorities have entered the profession in increasing numbers, other minorities are not as well represented, either among current dental students or practicing dentists.

Who are the dentists?

Racial and ethnic distribution

African-American, Hispanic, and American Indian dentists are well underrepresented in dentistry when compared to the general U.S. population. Data from the American Dental Association's (ADA) periodic census of dentists, called, *Distribution of Dentists in the United States by Region and State*, show in 1996, 87.9 percent of professionally active dentists were White, 2.2 percent were African-American, 2.8 percent Hispanic, 0.2 percent American Indian, and 5.9 percent Asian-American. (See Figure 1, page 13).

Age

The average age of professionally active dentists in 1996 was 46.8 years. White and African-American dentists were on average older (47.8 years and 47.5 years, respectively). Hispanic, Asian-American, and American Indian dentists averaged 42.1, 42.2, and 43.9 years of age respectively.

Practice

More than 70 percent of professionally active dentists across the five race categories indicated they practiced general dentistry, research, or in the administration area in 1996. Among active private practitioners of all five races, more than 70 percent practiced full-time. Similarly, more than 70 percent of active private practitioners across the five race categories were owners of their practices.

Where are the dentists?

Data from the ADA's annual *Survey of Predoctoral Dental Education Institutions*, show growth and distribution of minority dental students and practicing dentists.

Dental school enrollments

Overall U.S. dental school enrollments decreased 11.3 percent, from 18,673 in the academic year 1986-1987, to 16,570 in 1996-1997. During the same period, enrollment of White students decreased 25.2 percent, Hispanic students decreased 24.7 percent, and African-American student enrollment decreased 13.7 percent.

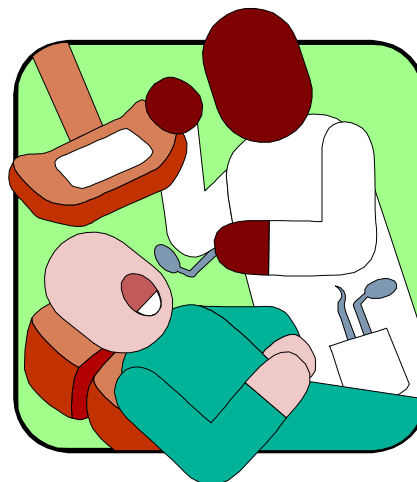
In contrast, Asian-American student enrollment increased 103.4 percent during the same period, from 1,805 to 3,672. American Indian student enrollment also increased 48.2 percent, from 56 in 1986-1987, to 83 in 1996-1997.

In 1986-1987, Whites represented 78.6 percent of all

dental school enrollees, but their representation decreased in 1996-1997 to 66.3 percent. While enrollee representation remained constant for African-Americans, Hispanics and American Indians, it changed dramatically for Asian-Americans: in 1996-1997, they were 22.2 percent of all enrollees — up from 9.7 percent in 1986-1987. (See Table 1, page 13.)

Dental school graduates

From academic years 1986-1987 to 1996-1997, the overall number of dental school graduates in the U.S. decreased 23.1 percent, from 4,957 to 3,810 respectively. During the same period, the number of White graduates decreased 35.8 percent, and the number of American Indian graduates dropped slightly, from 10 to 9. The number of African-American graduates increased 5.1 percent, from 195 to 205; and the number of Asian-American graduates increased 81.4 percent, from 382 to 693 during that period.



(See *Dentist* on page 12)

(*Dentist*, from page 11)

The number of Hispanic graduates increased slightly from 208 to 209. However, Hispanic graduate numbers peaked at 348 in 1991-1992, then fell sharply from 300 in 1995-1996 to 209 in 1996-1997.

In 1996-1997, African-Americans represented 5.4 percent of all dental school graduates, up from 3.9 percent in 1986-1987. The distribution of Hispanic and American Indian graduates remained stable, but increased from 7.7 percent to 18.2 percent for Asian-Americans. (See Table 13.)

Regional distribution

In 1996, there were 152,205 professionally active dentists in the

U.S. While the largest percentage distribution of the resident population was in the South Atlantic region (17.9 percent), the largest percentage distributions of dentists were in the Middle Atlantic and Pacific regions (18 percent in both regions). The smallest percentage was in the East South Central region (4.9 percent).

Most White professionally active dentists were found in the East North Central and Middle Atlantic regions (17.7 percent and 17.4 percent, respectively). For African-American professionally active dentists, the largest percentage distribution was in the South Atlantic region (31.1 percent). Roughly one quarter of Hispanic dentists worked in the Pacific and South Atlantic regions (25.2

percent and 24.9 percent, respectively), and 30.4 percent of American Indian dentists were in the Pacific region. The majority of Asian-American dentists were located in the Pacific region (60.9 percent).

Why do we need more minority dentists?

Aside from the social issue of reaching parity, having the same proportion of minority dentists as their representation in the general population, the underrepresentation of minority dentists may be an underlying factor when considering the unmet needs of minority patients.

(See *Dentist* on page 13)

(*Real World*, from page 6)



Don't let feelings or nervousness intimidate you. Dr. Medina suggests "role playing" is a great way to cool out those interview anxieties. After meditating on the questions that you might be asked during your interview, write your questions down and give them to a friend to act out with you in a mock interview. Conclude the role playing by having your friend ask their own follow-up questions.

The day of your interview, arrive early and focus on doing the best you can. Remember to listen carefully to all questions and think through your response before answering. Do not overlook the importance of good physical demeanor. If you are in doubt about appropriate behavior, proper business etiquette is consistently safe to rely on.

Don't forget that quality touch—always send a thank-you letter to the individual who conducted the interview, expressing your appreciation.

Finish strong by actively obtaining the organization's final decision on whether you got the internship or not. Be up-front and call them.

Internships are now considered to be one of the most important experiences a student can have to prepare themselves for that unknown, the professional life. If you don't succeed on your first try, ask why and keep applying. No matter how frustrating it can be, try not to give up. Getting an internship can be an intellectual discipline unto itself. Learn and improve from each experience and eventually it will pay off. After all, diligence is a quality that looks good on all future employees.

For further information:

A Guide to Summer Research Opportunities for Undergraduate Students in Science and Engineering: <http://www.yale.edu/necuse/>

Internships and Research Opportunities in National Facilities and Laboratories and at Other Universities: <http://www.dept.physics.upenn.edu/undergraduate/natlab/html>

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(*Dentist*, from page 12)

Oral health problems disproportionately affect minority populations in the U.S. A September 1998 article in the *Journal of the American Dental Association*, reported that African-American and Mexican-American children were about twice as likely to experience caries and had higher levels of untreated caries than their non-Hispanic White counterparts. Specifically, they found that 18.0 percent of children 6-14 years of age, and 36.1 percent of children ages 15-18, had one or more decayed permanent teeth. Among White, non-Hispanic children of the same age groups, the rates were 8.5 percent and 17.8 percent, respectively.

Furthermore, data from a recent ADA survey, *1996 Dentist Profile Survey*, showed that underrepresented minority dentists are likely to provide oral health care to minority populations. Over three quarters (76.6 percent) of White dentists' patients were White, while African-American dentists reported that approximately three out of five of their patients (61.8 percent) were African-American. Among Hispanic dentists, 45.4 percent of their patients were Hispanic. Of the patient base of American Indian dentists, 10.1 percent were American Indian. Asian-American dentists indicated that about one quarter (25.1 percent) of their patients were Asian-American.

African-American and Hispanic dentists may be more culturally attuned to the needs of patients from their own subcultures. The outreach to a growing minority patient base is an important reason why the dental workforce should reflect the Nation's diversity.

Table 1: Dental School Enrollments and Graduates, by Race, 1986/87-1996/97

Dental School Enrollments

Year	Total	White	African American	Hispanic	American Indian	Asian
1986/87	18,673	14,686	1,032	1,094	56	1,805
1987/88	17,885	13,531	994	1,201	60	2,099
1988/89	17,094	12,445	984	1,276	63	2,326
1989/90	16,412	11,701	983	1,278	57	2,393
1990/91	15,951	11,185	940	1,254	53	2,519
1991/92	15,882	11,152	907	1,187	51	2,585
1992/93	15,980	11,187	943	1,152	48	2,650
1993/94	16,250	11,241	972	1,141	50	2,846
1994/95	16,353	11,326	928	967	56	3,076
1995/96	16,552	11,028	951	966	73	3,433
1996/97	16,570	10,984	891	824	83	3,672

Dental School Graduates

Year	Total	White	African American	Hispanic	American Indian	Asian
1986/87	4,957	4,162	195	208	10	382
1987/88	4,717	3,869	210	231	11	396
1988/89	4,581	3,660	227	221	14	459
1989/90	4,312	3,288	193	296	14	521
1990/91	4,233	3,165	216	320	8	524
1991/92	3,995	2,854	204	348	12	577
1992/93	3,918	2,796	174	296	12	640
1993/94	3,778	2,699	171	288	12	607
1994/95	3,875	2,766	194	292	13	603
1995/96	3,908	2,724	201	300	8	660
1996/97	3,810	2,674	205	209	9	693

Source: American Dental Association, Survey Center, 1996/97 Survey of Predoctoral Dental Educational Institutions: Academic Programs, Enrollment, and Graduates, Volume 1.

Figure 1. Racial Distribution of General U.S. Population and Professionally Active Dentists, 1996

General U.S. Population

White 73.2%
African-American 12%
Hispanic 10.7%
Asian 3.4%
American Indian 0.7%

Professionally Active Dentists

White 87.9%
African-American 2.2%
Hispanic 2.8%
Asian 5.9%
American Indian 0.2 %

Source: U.S. Bureau of the Census, 1998; and Distribution of Dentists in the United States by Region and State, 1996, American Dental Association, Survey Center

OMH Leading The Way

The Office of Minority Health Resource Center (OMH-RC) is the largest resource and referral service on minority health in the nation. Established in 1987 by the office of Minority Health, U.S. Department of Health and Human Services, OMH-RC facilitates the exchange of information. OMH-RC offers information, publications, mailing lists, database searches, referrals, and more for/on African Americans, Asians, Hispanic/Latino, American Indian/Alaska Native, and Pacific Islander populations.

OMH-RC will help you find:

DATA AND STATISTICS:

OMH-RC collects information on large-scale data systems of the Public Health Service and ongoing health research projects. OMH-RC can also refer you to organizations that provide statistics.

FUNDING:

The OMH-RC minority health funding database lists private and public foundations; pharmaceutical and insurance organizations; and federal, state, and community resources.

MAILING LABELS AND LISTS:

If you are interested in sharing your materials with other organizations or marketing to the media, OMH-RC can provide you with labels and lists that target a particular minority group or geographic area.

PROGRAMS, ORGANIZATIONS, AND LITERATURE:

Through its databases, OMH-RC can access profiles of minority health programs and organizations. It can also help you find brochures, articles and books.

RESOURCE PERSONS:

OMH-RC can link you with members of its Resource Persons Network who provide technical assistance in your specific area of interest on a volunteer basis.

All resource center services are free
and can be obtained by calling their toll-free number:

1-800-444-6472

Office of Minority Health Resource Center

P.O. Box 37337

Washington, DC 20013-7337

E-mail: info@omhrc.gov

<http://www.omhrc.gov>

Source: Office of Minority Health Resource Center

(Basics, from page 3)

Fifth:

“Hit The Beach”...

...and go surf the Web. Many medical school financial aid offices have Web sites where you can find information on the financial aid programs offered through the school. In addition, the AAMC’s Web site, www.aamc.org, offers information on financial aid and

debt management. It includes a list of various state and federal loan repayment programs that may be of interest to you after you finish medical school.

Remember, financing a medical school education is a long-term proposition, with long-term financial implications. Going “back to the basics” now may help make the

(PA, from page 2)

Guizado said one reason for upgrading the program was research published by the education council of the American Academy of Physician Assistants which stated that many of the roles and responsibilities previously performed by physicians are now being performed by PAs, and PAs need to embrace these roles by increasing their education.

Application prerequisites for the WesternU program are a bachelor’s degree with a minimum overall grade point average of 2.5. Prerequisite courses include English, algebra, human anatomy with lab, human physiology with lab, microbiology with lab, general or inorganic chemistry with lab, psychology, sociology, humanities, and introductory statistics.

For more information on admission requirements to WesternU’s MS in PA Studies program, contact the University’s Office of Admissions at (909) 623-6116.



entire process easier for you, both now and later.

Paul S. Garrard, Senior Staff Associate

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